

DO YOU HAVE THE FOLLOWING?

SANITIZER - YES _____ NO _____ (LIST TYPE) _____

TEST STRIPS FOR SANITIZER - YES _____ NO _____

DISPOSABLE GLOVES FOR READY TO EAT FOODS - YES _____ NO _____

THERMOMETERS - YES _____ NO _____

What type of hand washing facilities will you be providing and how are you providing hot water?

How do you plan to keep potentially hazardous foods (meat, eggs, dairy products, etc.) above 135°F (HOT) or below 41°F (COLD)?

Fee \$33.50

Signature of Owner/Operator _____ Date _____

MAKE CHECKS PAYABLE TO AND RETURN TO THE FOLLOWING ADDRESS:

IOWA DEPARTMENT OF INSPECTIONS AND APPEALS
FOOD AND CONSUMER SAFETY BUREAU
LUCAS STATE OFFICE BUILDING, 3RD FLOOR
DES MOINES, IOWA 50319

For Official Use Only

Amt _____ Ck # _____ Ck Date _____

06/08